

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION**

In re:

**CIRCUIT CITY STORES, INC., et al
Debtors.**

**Chapter 11
Case No. 08-35653-KRH
Jointly Administered
Judge Kevin R. Huennekens**

**RESPONSE OF RENUKABEN S. NAIK TO DEBTORS' SEVENTH OMNIBUS
OBJECTION TO CERTAIN LATE CLAIMS**

COMES NOW, RENUKABEN S. NAIK, ("Ms. Naik"), through her undersigned counsel, pursuant to Fed. R. Bankr. P. 3003(c) and Local Bankruptcy Rule 9013-1, and seeks permission to file a Late Proof of Claim, and responds to the Debtor's Seventh Omnibus Objection to Certain Late Claims. In support thereof, Ms. Naik states as follows:

Background

1. These cases were initiated on November 10, 2008 (the "Petition Date") with the filing of voluntary petitions under Chapter 11 of the Bankruptcy Code.
2. Pursuant to an Order entered November 10, 2008 [Docket No. 077], these cases are being jointly administered pursuant to Bankruptcy Code Section 302 and Bankruptcy Rule 1015(b).
3. Ms. Naik has a prepetition general unsecured claim against the Debtors in an amount in excess of \$1.0 million for personal injuries. The basis for the claim was set forth in the pleadings filed in Ms. Naik's lawsuit filed against Circuit City Stores, Inc. in October 2008,

Philip C. Baxa, Esquire VSB No. 22977
MercerTrigiani, LLP
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Richmond, Virginia 23219
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phil.baxa@mercertrigiani.com

in the Circuit Court of Cook County, Illinois, County Department, Law Division, Case No. 2008 L011811 (“the Illinois Litigation”). The claim of Ms. Naik was scheduled by the Debtors as contingent, unliquidated and/or disputed in an unknown amount. See Debtors’ Schedules of Assets and Liabilities filed December 19, 2008.

4. On December 11, 2008, this Court entered its Order Pursuant to Bankruptcy Code Sections 105 and 502 and Bankruptcy Rules 2002, 3003(c)(3), and 9007 (I) Setting General Bar Date and Procedures for Filing Proofs of Claim, and (II) Approving Form and Manner of Notice Thereof (the “Claims Bar Order”) [Docket No. 890]. Pursuant to the Claims Bar Order, on December 12, 2008, Debtors filed their Notice of Deadline for Filing Proofs of Claim (the “Claims Bar Notice”) [Docket No. 966] in the form approved by the Court.

5. On December 29, 2008, Debtors filed their Affidavit of Service [Docket No. 1314] indicating that a copy of the Claims Bar Notice was served on creditors in the case, including Ms. Naik.

6. Neither Ms. Naik nor her counsel received this Claims Bar Notice prior to the January 30, 2009 claims bar deadline. See Affidavit of Daniel E. O’Brien, attached hereto as Exhibit A.

7. On February 9, 2009, counsel for Ms. Naik consulted the Debtor’s website and determined the bar date was January 30, 2009.

8. Prior to February 9, 2009, the Debtors had been aware of Ms. Naik’s claim. Not only did the Debtors list the claim in their Schedules of Assets and Liabilities, they also filed pleadings in the Illinois Litigation informing that court that the Litigation was stayed by the filing of the present bankruptcy cases. See Exhibit B attached hereto - Motion to Stay filed by Debtor’s Counsel in the Illinois Litigation.

9. Up to and including the date of the Debtors' Motion to Stay in the Illinois Litigation, Ms. Naik pursued her claim, including repeated inquiries related to the existence of liability insurance.

10. The Debtors were aware of Ms. Naik's counsel's involvement in the claim from no later than the initiation of the Illinois Litigation; however, the Debtors provided no notice to counsel of any proceedings in this bankruptcy case.

11. From November 2008 through December 2008, Ms. Naik was out of the United States on a family vacation in India.

12. Ms. Naik speaks no English; even if she had received the Claims Bar Notice on a timely basis, she would have been unaware of its import without the benefit of counsel.

13. Despite the expiration of the claims bar deadline, Ms. Naik filed a proof of claim in the form required within five business days of the claims bar date. See Exhibit C hereto, Confirmation of Claim No. 10692, with claim attached.

14. Ms. Naik desires to participate as a claimant in these bankruptcy cases and requests that the Court permit her to file her Proof of Claim and overrule the Seventh Omnibus Objections to Certain Late Claims as it relates to her Claim No. 10692.

Argument

I. Ms. Naik's Failure to Timely File an Administrative Claim is the Result of Excusable Neglect.

15. Ms. Naik should be permitted to proceed on her claim at this time because her failure to timely file is due to excusable neglect. The seminal case in the area of excusable neglect is *Pioneer Inv. Servs. Co. v. Brunswick Assocs. Ltd Partnership*, 507 U.S. 380, 113 S.Ct. 1489, 128 L. Ed. 2d 74 (1993). In *Pioneer*, the Supreme Court resolved a conflict among the Circuit Courts by adopting the more liberal approach of certain of those Circuits in determining

whether excusable neglect exists. Finding that Rule 9006(b)(1) of the Federal Rules of Bankruptcy Procedure was patterned after Fed. R. Civ. P. 6(b), and that Rule 6(b) employs a somewhat elastic concept that is not limited strictly to omissions caused by circumstances beyond the party's control, the Court reasoned that a missed bar date was the result of excusable neglect where the party's counsel failed to note the claims bar date in the initial bankruptcy notice (of meeting of creditors, etc.). The Court found that consideration should be given to all relevant circumstances in evaluating whether the neglect forming the basis for a requested enlargement of a prescribed filing deadline was excusable. The factors to be considered include "the danger of prejudice to the debtor, the length of the delay and its potential impact on judicial proceedings, the reason for the delay, including whether it was within the reasonable control of the movant, and whether the movant acted in good faith." 507 U.S. at 394.

16. Courts applying *Pioneer* to situations where permission is sought for filing claims after expiration of a bar date have applied some or all of the *Pioneer* factors, allowing late-filed claims where application of those factors to the facts of the present case favor such a finding. *See, e.g., Greyhound Lines, Inc., v. Rogers (In re Eagle Bus Mfg. Inc.)*, 62 F.3d 730 (5th Cir. 1995) (permitting late filing of proofs of claim 6 to 8 months after bar date where claimants had been negotiating with debtor's agent, and where debtor was unable to show prejudice since plan had been negotiated and approved after the late claims had been filed); *In re The Babcock and Wilcox Co.*, No. CIV. A. 00-558, 00-10992, 2001 WL 1204074 (E.D. La. 2001) (refusing to reconsider earlier allowance of claims filed 10 days late, because the debtors could show no prejudice in a case in which the plan had not yet been confirmed); *West Delta Oil Co. v. Fenasci (In re West Delta Oil Co.)*, No. Civ. A. 03-3330, 2004 WL 1770110 (E.D. La. 2004)(affirming Bankruptcy Court's Order allowing late-filed administrative claim for attorneys' fees where

debtor was unable to show prejudice); *In re McKissick*, 298 B.R. 535 (Bankr. W.D. Pa 2003)(allowing claims filed 7 weeks after bar date where claimant showed that its neglect was “excusable” and where debtor was unable to show prejudice in a case where no plan had yet been filed); *In re The Grand Union Co.*, 204 B.R. 864 (Bankr. D. Del. 1997) (allowing claim filed over 9 months after bar date and 9 months after plan had been confirmed on a “fast track” because neglect was excusable and debtor was not prejudiced); *In re Spring Ford Indus.*, Inc., No. 02-15015DWS, 2003 WL 21785960 (Bankr. E.D. Pa. 2003) (allowing late-filed claims by Plaintiffs in class action where debtor failed to schedule the Plaintiffs and/or send them notice, but had scheduled the action); *In re Pappalardo*, 210 B.R. 634 (Bankr. S.D. Fla. 1997)(allowing late-filed claims where claimant satisfied all of the Pioneer criteria and there was no prejudice to the debtor).

17. In this case, the facts weigh heavily in Ms. Naik’s favor with respect to the “reason for delay” factor considered by the Supreme Court in *Pioneer*. As the Affidavit of Ms. Naik’s counsel makes abundantly clear, Ms. Naik was not at the address where notice was sent at the time it was sent. Moreover, even if she had been at that address, Ms. Naik was unable to understand and appreciate the significance of the Claims Bar Notice that she received. Furthermore, the Debtors failed to provide any notice of any proceedings in the Bankruptcy Court to counsel for Ms. Naik, whom they knew was representing her in the matters that were the subject of her claim. Under these circumstances, it is difficult to imagine how Ms. Naik’s delay in filing a claim was “within [her] reasonable control.” *Pioneer, supra*, 507 U.S. at 395.

18. Also weighing heavily in Ms. Naik’s favor is her good faith. As evidenced by the Exhibits attached hereto, there can be no suggestion that Ms. Naik has acted in anything but good faith.

19. With respect to the remaining two factors suggested by the Court in *Pioneer* -- danger of prejudice to the Debtor, and the length of the delay and potential impact on judicial proceedings -- the presentation of a general unsecured claim within five business days of the bar date will neither prejudice the Debtors nor adversely impact the proceedings. See *West Delta Oil, supra*, (claim filed after five month delay, and after Plan confirmation); *Greyhound Lines v. Rogers, supra*, (claims filed 6 to 8 months late); *Grand Union, supra*, (claim of Mr. Economaki filed over six months late). Of particular significance in this case is that, at the time of filing her claim, the Debtors had not yet proposed a plan, much less solicited one for approval.

20. Moreover, a delay of days is not so egregious under the facts and circumstances of this case as to tip the balance of equities against allowing Ms. Naik to file a late claim. Indeed, it is apparent that Ms. Naik has acted reasonably promptly once it was learned that the claims bar date had passed.

21. Pursuant to Local Bankruptcy Rule 9013-1(G)(1), Ms. Naik hereby elects to combine her memorandum of points and authorities with her Motion.

Conclusion

As the Supreme Court stated in *Pioneer*, Congress plainly intended that Courts be empowered under Bankruptcy Rule 9006(b)(1)(2) to accept late filings “caused by inadvertence, mistake, or carelessness, as well as by intervening circumstances beyond the party’s control.” *Pioneer, supra*, 507 U.S. at 388. The resulting neglect to timely file this claim should be found to be excusable, under the standards established by the Supreme Court in *Pioneer*, particularly in light of the minimal if not non-existent prejudice to the Debtors in allowing the late claim.

Submitted: June 26, 2009

RENUKABEN S. NAIK

/s/ Philip C. Baxa

Philip C. Baxa, Esquire, VSB No. 22977
MercerTrigiani, LLP
16 South Second Street
Richmond, Virginia 23219
Tel: 804-782-8691
Fax: 804-644-0209

Daniel E. O'Brien, Esquire
111 West Washington Street, Suite 1200
Chicago, Illinois 60602
Tel: (312) 236-6324
Fax: (312) 236-6426

Counsel for Renukaben S. Naik

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on June 26, 2009, I will electronically file the foregoing Response of Renukaben S. Naik to Debtors' Seventh Omnibus Objection to Certain late Claims with the Clerk of court using the CM/ECF system, and send a true and correct copy of the foregoing Response via regular mail, postage prepaid, on June 26, 2009, to:

Greg M. Galardi
Skadden, Arps, Slate, Meagher & Flom
One Rodney Square
P.O. Box 636
Wilmington, DE 19899-0636

Robert Van Arsdale
Office of the United States Trustee
701 East Broad Street, Suite 4304
Richmond, VA 23219

Dion W. Hayes
McGuire Woods, LLP
One James Center
901 East Cary Street
Richmond, VA 23219

Robert J. Feinstein
Pachulski Stang Ziehl & Jones, LLP
780 Third Avenue, 36th Floor
New York, NY 10017

Lynn L. Tavenner
Tavenner & Beran, PLC
20 North Eighth Street
Second Floor
Richmond, VA 23219

Brad R. Godshell
Pachulski Stang Ziehl & Jones
10100 Santa Monica Boulevard, 11th Floor
Los Angeles, CA 90067-4100

Douglas H. Foley
McGuire Woods, LLP
9000 World Trade Center
101 W. Main Street
Norfolk, VA 23510

/s/ Philip C. Baxa

R0008730

Exhibit A

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION**

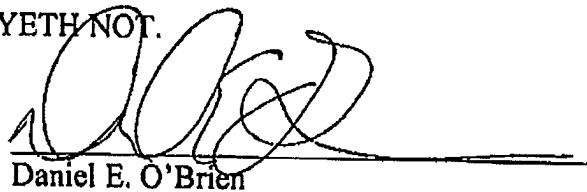
In re:) Chapter 11
)
CIRCUIT CITY STORES, INC.,) Case No.: 08-35653
et al.,)
)
Debtors) Jointly Administered

AFFIDAVIT

Your Affiant, DANIEL E. O'BRIEN, attorney for the Creditor, RENUKABEN NAIK, states as follows:

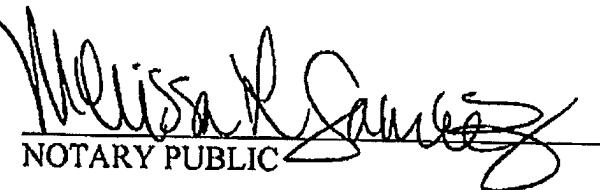
1. That he is the attorney of record for RENUKABEN NAIK.
2. That Circuit City was provided notice of my representation on December 17, 2007.
3. That from December 17, 2007 until Circuit City, Inc's, filing of Chapter 11 Bankruptcy, I have remained in contact with Circuit City's representatives.
4. That the Complaint at Law attached to this Proof of Claim was filed in October 24, 2008 and served upon Circuit City on November 7, 2008.
5. That counsel for Circuit City in the bankruptcy action was and is aware of my representation of RENAKUBEN NAIK.
6. That at no time since Circuit City filed for bankruptcy have I been served notice of any of the applicable dates relating to the bankruptcy.

FURTHER AFFIANT SAYETH NOT.



Daniel E. O'Brien

Subscribed and sworn before me this 9th day of January 2009



Melissa L Sanchez
NOTARY PUBLIC

WINTERS ENRIGHT SALZETTA & O'BRIEN, L.L.C.
111 West Washington Street
Suite 1200
Chicago, IL 60602
(312) 236-6324
(312) 236-6426 Fax

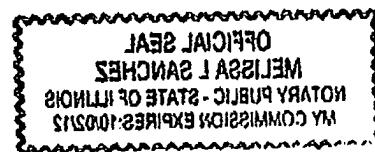


Exhibit B

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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

RENUKABEN NAIK)
)
 Plaintiff,)
)
 v.) No. 2008 L 011881
)
 CIRCUIT CITY STORES, INC.)
)
 Defendant.)

CLERK OF CIRCUIT COURT
LAW DIVISION

2008 NOV 26 PM 2:30

FILED-71

**SUGGESTION OF BANKRUPTCY
AND NOTICE OF OPERATION OF AUTOMATIC STAY**

PLEASE BE ADVISED that on November 10, 2008, Circuit City Stores, Inc., and certain of its direct and indirect subsidiaries (collectively the "Debtors"),¹ filed voluntary petitions for reorganization relief under chapter 11 of the United States Bankruptcy Code, 11 U.S.C. §§ 101 *et seq.*, as amended (the "Bankruptcy Code"), in the United States Bankruptcy Court for the Eastern District of Virginia, Richmond Division (the "Bankruptcy Court"). The Debtors' bankruptcy cases are being jointly administered under In re Circuit City Stores, Inc., Case No. 08-35653 (E.D. Va.). As a result of the filing, any further action against the Debtors is stayed under Bankruptcy Code section 362.

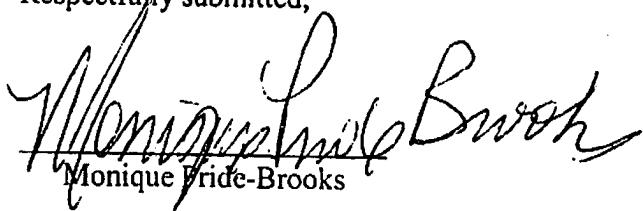
¹ The Debtors and the last four digits of their respective taxpayer identification numbers are as follows: Circuit City Stores, Inc. (3875), Circuit City Stores West Coast, Inc. (0785), Intertan, Inc. (0875), Ventoux International, Inc. (1838), Circuit City Purchasing Company, LLC (5170), CC Aviation, LLC (0841), CC Distribution Company of Virginia, Inc. (2821), Circuit City Properties, LLC (3353), Kinzer Technology, LLC (2157), Abbott Advertising Agency, Inc. (4659), Patapsco Designs, Inc. (6796), Sky Venture Corp. (0311), Prahs, Inc. (n/a), XSTuff, LLC (9263), Mayland MN, LLC (6116), Courcheval, LLC (n/a), Orbyx Electronics, LLC (3360), and Circuit City Stores PR, LLC (5512). The address for Circuit City Stores West Coast, Inc. is 9250 Sheridan Boulevard, Westminster, Colorado 80031. For all other Debtors, the address is 9950 Mayland Drive, Richmond, Virginia 23233.

PLEASE BE FURTHER ADVISED that any action taken against the Debtors or their property without first obtaining relief from the automatic stay from the Bankruptcy Court may be subject to findings of contempt and the assessment by the Bankruptcy Court of penalties, fines, and/or sanction, as may be appropriate.

Dated: November 26/08, 2008

Respectfully submitted,

By:



Monique Bride-Brooks

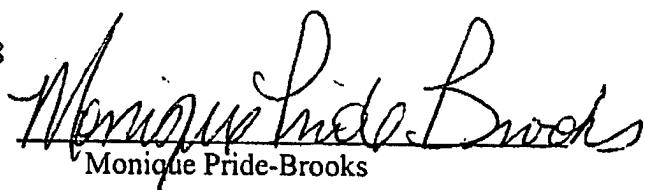
KOPKA, PINKUS, DOLIN & EADS, P.C.
200 North LaSalle Street
Suite 2850
Chicago, IL 60601
Ph 312 782 9920
Fx 312 782 9965
Attorneys for the Debtors

CERTIFICATE OF SERVICE

I, MONIQUE PRIDE-BROOKS, an attorney, certify that I have served the following parties with SUGGESTION OF VOLUNTARY BANKRUPTCY AND NOTICE OF OPERATION OF AUTOMATIC STAY via United States mail at 200 North LaSalle Street, Chicago, Illinois, at 5:00 p.m., with postage prepaid to following parties:

Winters Enright Salzett & O'Brien, LLC
111 West Washington Street
Suite 1200
Chicago, IL 60602

Dated: November 26th 2008


Monique Pride-Brooks

KOPKA, PINKUS, DOLIN & EADS, P.C.
200 NORTH LASALLE STREET
SUITE 2850
CHICAGO, IL 60601-1090
312 782 9920
Firm No. 36502

K:\69075\nof.01\MRP\ah

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

RENUKABEN NAIK)
Plaintiff,)
v.) No. 2008 L 011881
CIRCUIT CITY STORES, INC.)
Defendant.)

DUANE P. BROWN
CLERK OF CIRCUIT COURT
LAW DIVISION

2008 NOV 26 PM 2:30

FILED-11

NOTICE OF FILING

To: Winters, Enright, Salzett & O'Brien, LLC
111 West Washington Street
Suite 1200
Chicago, IL 60602

PLEASE BE ADVISED that on November 26, 2008, we filed with the clerk of the court of Cook County, Illinois, County Department, Law Division, a Suggestion of Bankruptcy and Notice of Operation of Automatic Stay, copies of which are attached hereto and hereby served upon you.

CERTIFICATE OF SERVICE

I, the undersigned, under penalty of perjury, certify that I served the above-captioned party at their respective address, on November 26, 2008, at or before 5:00 p.m. by placing same in the United States mail at 200 North LaSalle Street, Chicago, Illinois.

Subscribed and sworn to before me this 26 day of November 2008.

Notary Public

KOPKA, PINKUS, DOLIN & EADS, P.C.
200 North LaSalle Street
Suite 2850
Chicago, Illinois 60601-1090
312-782-9920
Firm No. 36502

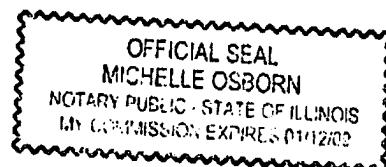


Exhibit C

**Circuit City Stores, Claims Processing
c/o Kurtzman Carson Consultants LLC
2335 Alaska Ave
El Segundo, CA 90245**

**FIRST CLASS
US POSTAGE PAID
EL SEGUNDO CA
PERMIT NO. 45049**

**Renukaben S Naik
c/o Daniel E OBrien
Winters Enright Salzetta & OBrien LLC
111 W Washington St Ste 1200
Chicago, IL 60602**

PROOF OF CLAIM CONFIRMATION

Your proof of claim filed against Circuit City Stores, Inc.,
case no 08-35653 was received on 2/10/2009
and assigned claim number 10692

For more information, please visit www.KeCLe.net or www.KeCLe.net/circuitecity or call
1-866-381-9100

LAW OFFICES
WINTERS ENRIGHT SALZETTA & O'BRIEN, L.L.C.

111 West Washington Street
Suite 1200
Chicago, Illinois 60602

(312) 236-6324
(312) 236-6426 (Fax)
www.wesolaw.com

February 9, 2009

Kurtzman Carson Consultants, LLC
Claims Processing Department
Circuit City Stores, Inc., et al
2335 Alaska Avenue
El Segundo, CA 90245

John F. Winters, Jr.
Karen A. Enright
Paul L. Salzetta
Daniel E. O'Brien

Bart J. Galvin

Ruth M. Degnan
of Counsel

Re: Circuit City Stores, Inc., et al
Case No.: 08-35653
Creditor: Renukaben Naik
Our File No.: 844

To Whom It May Concern:

Please find enclosed two original Proofs of Claim regarding the above-captioned matter. I have also enclosed a self-addressed envelope for the return of the acknowledgment of the filing of our claim.

If you have any questions or comments, please do not hesitate to call.

Sincerely,

WINTERS ENRIGHT SALZETTA & O'BRIEN, L.L.C.



Daniel E. O'Brien

DEO:klw
Enclosures

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA

PROOF OF CLAIM

Debtor against which claim is asserted: (Check only one box below)		PROOF OF CLAIM
<input checked="" type="checkbox"/> Circuit City Stores, Inc. (Case No. 08-35653) <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Case No. 08-35654) <input type="checkbox"/> InterTAN, Inc. (Case No. 08-35655) <input type="checkbox"/> Venixus International, Inc. (Case No. 08-35656) <input type="checkbox"/> Circuit City Purchasing Company, LLC (Case No. 08-35657) <input type="checkbox"/> CC Aviation, LLC (Case No. 08-35658)		<input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Case No. 08-35659) <input type="checkbox"/> Circuit City Stores PR, LLC (Case No. 08-35660) <input type="checkbox"/> Circuit City Properties, LLC (Case No. 08-35661) <input type="checkbox"/> Orbyx Electronics, LLC (Case No. 08-35662) <input type="checkbox"/> Kizner Technology, LLC (Case No. 08-35663) <input type="checkbox"/> Courchevel, LLC (Case No. 08-35664)
<small>(0011) This form is intended to be used in addition to or in conjunction with the bankruptcy papers accompanying the bankruptcy, an in order to facilitate the filing of a claim. It is not a document for purposes of an amendment or a continuation.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Renukaben S. Naik Claim YLB/45114/L		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: YLB/45114/L Filed on: _____
Name and address where notices should be sent: Winters, Enright, Salzetta & O'Brien, L.L.C. c/o Daniel E. O'Brien 111 West Washington Street, Suite 1200 Chicago, IL 60602		<small>Telephone number: (312) 236-6324</small>
Name and address where payment should be sent (if different from above): Same		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ 1,000,000.00 <small>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5.</small>		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. <small>Specify the priority of the claim.</small>
<small>Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</small>		<small>Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4)</small>
2. Basis for Claim: Personal Injury. <small>(See instruction #2 on reverse side.) See attached Complaint at Law</small>		<small>Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5)</small>
3. Last four digits of any number by which creditor identifies debtor: _____		<small>Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(b)(7).</small>
3a. Debtor may have scheduled account as: <small>(See instruction #3a on reverse side.)</small>		<small>Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8)</small>
4. Secured Claim (See instruction #4 on reverse side) <small>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</small>		<small>Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(...)</small>
<small>Nature of property or right of setoff: Real Estate Motor Vehicle Other <small>Describe:</small></small>		<small>Amount entitled to priority: \$ _____</small>
<small>Value of Property: \$ _____ Annual Interest Rate: %</small>		<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<small>Amount of arrearage and other charges as of time case filed included in secured claim.</small>		
<small>If any: \$ _____ Basis for perfection: _____</small>		
<small>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</small>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. <i>(See definition of "redacted" on reverse side.)</i>		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. <small>If the documents are not available, please explain:</small>		
<small>Date: 07-07-09</small>		FOR COURT USE ONLY
<small>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</small>		
<small>Daniel E. O'Brien, one of the attorneys for Plaintiff</small>		
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>		

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION**

RENUKABEN NAIK,
Plaintiff.

V.

**CIRCUIT CITY STORES, INC.,
Defendant.**

No. 5

JURY DEMAND

COMPLAINT AT LAW

COUNT I

NOW COMES the Plaintiff, RENUKABEN NAIK, by and through her attorneys, WINTERS ENRIGHT SALZETTA & O'BRIEN, L.L.C., complaining of the Defendant, CIRCUIT CITY STORES, INC., and states as follows:

1. On or about November 23, 2007, the Defendant, CIRCUIT CITY STORES, INC. (hereinafter "CIRCUIT CITY") was a corporation existing under the laws of the State of Illinois and doing business in the City of Chicago, County of Cook, State of Illinois.
2. On or about November 23, 2007, the Defendant CIRCUIT CITY, by and through its agents and/or employees owned, operated, controlled and maintained Circuit City Store #3113 at the Ford City Shopping Center located at 7414 South Cicero Avenue in the City of Chicago, County of Cook, State of Illinois.
3. On and prior to November 23, 2007, the Defendant, CIRCUIT CITY, advertised to the general public, including the Plaintiff, RENUKABEN NAIK, that the Defendant CIRCUIT CITY, was having a sale on merchandise at the aforementioned location.
4. On and prior to November 23, 2007, the Defendant, CIRCUIT CITY, advertised that the first fifteen customers to enter the aforementioned Circuit City Store #3113 at the Ford

City Shopping Center would be able to purchase a laptop computer at a price greatly reduced from the regular retail price.

5. On and prior to November 23, 2007, the Defendant, CIRCUIT CITY, invited the general public, including the Plaintiff, RENUKABEN NAIK, to enter the aforementioned store and purchase goods.

6. That Circuit City advertised to the public that the first fifteen customers in line would receive a computer at a substantially reduced price.

7. That Circuit City established a designated line for those responding to the ad.

8. On or about November 22, 2007 in the evening, the Plaintiff responded to the ad and was second in the designated line where she awaited the store opening in the early morning of November 23, 2007.

9. On and prior to November 23, 2007, the Defendant, CIRCUIT CITY, knew or should have known that Circuit City Store #3113 at the Ford City Shopping Center located at 7414 South Cicero Avenue in the City of Chicago, County of Cook, State of Illinois would experience a greater than usual amount of customers entering said store on November 23, 2007.

10. On or about November 23, 2007, a crowd of people gathered outside the aforementioned Circuit City Store #3113 at the Ford City Shopping Center and waited for the store to open, separate from the line designated for those responding to the above-mentioned ad.

11. On or about November 23, 2007, the Plaintiff, RENUKABEN NAIK, arrived at the aforementioned Circuit City Store #3113 at the Ford City Shopping Center and waited in line for the store to open in accordance with the advertisement.

12. On or about November 22, 2007, at the time of the Plaintiff's arrival outside Circuit City Store #3113, at the Ford City Shopping Center, only one person was in front of Plaintiff in the line to enter said store.

13. On or about November 23, 2007, Circuit City provided a designated area for the first fifteen shoppers to wait in line.

14. On or about November 23, 2007, Circuit City knew or should have known that a crowd would be outside its store prior to opening.

15. At all times mentioned herein, the Defendant, CIRCUIT CITY, did not provide and/or erect any signs, ropes, tape, barricades and/or barriers of any kind to create an orderly line for customers waiting outside to enter Circuit City Store #3113 at the Ford City Shopping Center.

16. At all times mentioned herein, the Defendant, CIRCUIT CITY, did not provide and/or erect any signs, ropes, tape, barricades or barriers of any kind to control the crowd located outside of Circuit City Store #3113 at the Ford City Shopping Center.

17. All times mentioned herein, the Defendant, CIRCUIT CITY, did not provide crowd control of any kind outside of Circuit City Store #3113 at the Ford City Shopping Center.

18. On or about November 23, 2007, a disorganized crowd gathered outside the entrance doors of Circuit City Store #3113 at the Ford City Shopping Center waiting to enter said store, near or adjacent to the fifteen individuals waiting in line.

19. On or about November 23, 2007, the Plaintiff, RENUKABEN NAIK, was a patron of Circuit City Store #3113 at the Ford City Shopping Center located at 7414 South Cicero Avenue in the City of Chicago, County of Cook, State of Illinois.

20. On or about November 23, 2007, the Defendant, CIRCUIT CITY, by and through its agents and/or employees opened the entrance doors of Circuit City Store #3113 at the Ford City Shopping Center and the disorganized crowd began to force its way through the opening doors.

21. On or about November 23, 2007, the Plaintiff, RENUKABEN NAIK, while lawfully on the premises of Circuit City Store #3113 at the Ford City Shopping Center and while in the exercise of reasonable care for her own safety and well-being, was forced into one of the aforementioned doors by the aforementioned crowd, causing her to be injured.

22. On November 23, 2007 and at all times relevant, the Defendant, CIRCUIT CITY, by and through its agents and/or employees, had a duty to exercise reasonable care to properly maintain the premises of Circuit City Store #3113 for the safety of customers including the Plaintiff, RENUKABEN NAIK.

23. On and before November 23, 2007 and at all times relevant, the Defendant, CIRCUIT CITY, by and through its agents and/or employees had a duty to provide security in the parking and entrance areas Circuit City Store #3113.

24. At the aforementioned time and place and prior thereto, the Defendant, CIRCUIT CITY, knew or in the exercise of reasonable care should have known that the condition of the aforementioned area located outside of the entrance to Circuit City Store #3113 involved an unreasonable risk of harm to customers including the Plaintiff, RENUKABEN NAIK.

25. On November 23, 2007 and at all times relevant, the Defendant, CIRCUIT CITY STORES, INC., by and through its agents and/or employees, breached its duty and was negligent in one or more of the following respects:

- a. negligently and carelessly failed to provide parking lot security personnel at the aforementioned location;

- b. negligently and carelessly encouraged its customers to form a crowd in front of the aforementioned location;
- c. negligently and carelessly failed to provide and/or erect appropriate crowd control apparatus, including, but not limited to, signs, barricades, barriers, ropes and/or tape;
- d. negligently and carelessly failed to control a crowd of its own customers;
- e. negligently and carelessly failed to implement a means to prevent its customers from stampeding into the aforementioned store despite knowledge that said customers would do so;
- f. negligently and carelessly unlocked and/or opened the doors to the aforementioned store despite knowledge that unlocking and/or opening said doors would create a dangerous condition;
- g. was otherwise negligent in the maintenance, inspection and supervision.

26. As a direct and proximate result of one or more of the following negligent acts and/or omissions of the Defendant, CIRCUIT CITY STORES, INC., through its agents and/or employees, the Plaintiff, RENUKABEN NAIK, was injured, has endured and will continue to endure significant pain and suffering, has been injured in her capacity to earn a living, has incurred significant sums for medical care and treatment, and has been otherwise injured.

WHEREFORE, the Plaintiff, RENUKABEN NAIK, demands judgment against Defendant, CIRCUIT CITY STORES, INC., in such sum of money as shall reasonably and fairly compensate her for the injuries she sustained, and such sum of money is in excess of the jurisdictional amount.

Respectfully submitted,

WINTERS ENRIGHT SALZETTA & O'BRIEN, L.L.C.

By:



Daniel E. O'Brien, one of the attorneys for the Plaintiff

WINTERS ENRIGHT SALZETTA & O'BRIEN, L.L.C.
111 West Washington Street
Suite 1200
Chicago, Illinois 60602
(312) 236-6324
(312) 236-6426 Fax
Firm I.D. 37483

File 844

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

RENUKABEN NAIK,)
Plaintiff,)
)
v.) No.:
)
CIRCUIT CITY STORES, INC.,) JURY DEMAND
Defendant.)

SUPREME COURT RULE 222(b) AFFIDAVIT

The undersigned, Daniel E. O'Brien, does hereby state under oath and under penalty of perjury:

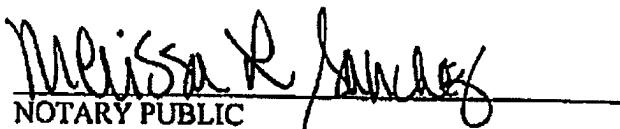
1. My name is Daniel E. O'Brien.
2. I represent the Plaintiff in the above-captioned case.
3. The Plaintiff is seeking damages in excess of \$50,000.00.
4. FURTHER AFFIANT SAYETH NOT.



Daniel E. O'Brien

Subscribed to and sworn before me this 24th day of October,

2008.



Melissa L. Sanchez
NOTARY PUBLIC

Winters Enright Salzetta & O'Brien, L.L.C.
111 West Washington Street, Suite 1200
Chicago, Illinois 60602
(312) 236-6324
(312) 236-6426 Fax
Firm ID No.: 37483

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION**

**RENUKABEN NAIK,
Plaintiff,**

v.

**CIRCUIT CITY STORES, INC.,
Defendant**

) No.2

2008L011881
CALENDAR/ROOM X
TIME 00:00
Premises Liability

JURY DEMAND

The undersigned hereby demands a trial by a jury of 12 on behalf of the Plaintiff.

Respectfully submitted,

WINTERS ENRIGHT SALZETTA & O'BRIEN, L.L.C.

By: Dan O'Brien
Daniel E. O'Brien, one of the attorneys for the Plaintiff

Winters Euright Salzetta & O'Brien, L.L.C.
111 West Washington Street
Suite 1200
Chicago, Illinois 60602
(312) 236-6324
(312) 236-6426 Fax
Firm No. 37483

Approximate Medical Summary

Case: Naik v. Circuit City Stores, Inc.

File: 844

Court:

Date of Accident: 11/23/07

Date Compiled:

UPDATED: 9/17/2008

Daniel E. O'Brien

Winters Enright Salzetta & O'Brien, L.L.C.

111 W. Washington St., Suite 1200

Chicago, Illinois 60602

312-236-6324

312-236-6426 (Fax)

Total: **27,851.00**

Medical Provider	Service Date	Description of Treatment	Cost of Treatment
------------------	--------------	--------------------------	-------------------

Christ Medical Center	11/23/2007-2/19/2008		
	11/23/2007-11/24/2007	R&B Private	1,200.00
		Surgery/Operating Room	5,168.00
		Emergency Room	1,935.00
		Recovery Room	1,173.00
		Laboratory	471.00
		EKG	210.00
		Self Administerable Drugs	17.00
		Cardiology	1,095.00
		Radiology	1,475.00
		Anesthesiology	1,429.00
		Pharmacy	1,335.00
		IV-Therapy	78.00
		Cast Room	245.00
		Med-Sterile Supply	293.00
		Implants	1,416.00
		Physical Therapy	200.00
	11/29/2007	Radiology	375.00
		Cast Room	360.00
	12/13/2007	Radiology	180.00
		Cast Room	455.00
	1/22/2008	Radiology	135.00
		Cast Room	170.00
	2/8/2008	Evaluation	290.00
	2/12/2008	OT Man Therapy	200.00
		OT Exercise	194.00
	2/15/2008	OT Exercise	194.00
		Man Therapy	85.00
	2/19/2008	OT Man Therapy	200.00
		OT Exercise	194.00
		Radiology	145.00
	2/21/2008	OT Man Therapy	100.00
		OT Therapy Act	92.00
		OT Exercise	194.00
	2/26/2008	OT Man Therapy	100.00
		OT Therapy Act	92.00
		OT Exercise	194.00
			Subtotal 27,851.00

Parkview Orthopaedic Group	11/23/2007	Initial Consultation	299.00
		Opn Treatment rdl & ulnr Fx fix	3,610.00

	4/4/2008	Office/outpatient visit	126.00
	4/4/2008	X-ray exam of forearm	181.00
	4/30/2008	Office/outpatient visit	126.00
	4/30/2008	X-ray exam of forearm	181.00
	5/7/2008	Office/outpatient visit	183.00
	5/7/2008	X-ray exam of shoulder	180.00
	9/8/2008	Office/outpatient visit	126.00
	12/3/2008	Office/outpatient visit	126.00
	12/3/2008	X-ray exam of shoulder	180.00
	12/3/2008	X-ray exam of forearm	141.00
		Subtotal	\$459.00

TYPE OF BILL	DATE OF BILL
FINAL	01/30/08
INPT	

CHRIST MEDICAL CENTER
P. O. BOX 70508
CHICAGO IL 60673-0508
(708) 684-5079
FEI # 36-2169147

Advocate Health Care

PAGE 01

POST

0339

LT	MED	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
		NAIK, RENUKABEN		F	53Y	11/23/07	11/24/07	1	

GUARANTOR NAME AND ADDRESS		INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 8514 S MASSASOIT AVE BURBANK, IL 60459		LIA	LIABILITY CARRIER		
ATTENDING PHYSICIAN					
DALAWATI, SATIN					

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE	PATIENT AMOUNT
					INS. CO. NO. 1	
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS						
1/23	01	RM 6 EW PRIV	01641059	1,200.00	1,200.00	
1/23	01	CBC	08200164	110.00	110.00	
1/23	01	PROTHROMBIN TI	08200370	61.00	61.00	
1/23	01	PTT	08200438	100.00	100.00	
1/23	01	COMP MET PANEL	08215584	200.00	200.00	
1/23	01	ED SVC LVL V	13210158	1,800.00	1,800.00	
1/23	01	IV PUSH MED	13231626	135.00	135.00	
1/23	01	IV HYD EA ADD	13990270	78.00	78.00	
1/23	01	SUGAR TONG SP	48200737	245.00	245.00	
1/23	01	ECG 12 LEAD	84500156	210.00	210.00	
1/23	01	XR CHEST	84600436	160.00	160.00	
1/23	01	ELBOW	84601228	140.00	140.00	
1/23	01	FLUOROSCOPY FI	84601632	425.00	425.00	
1/23	03	FOREARM	84601764	540.00	540.00	
1/23	01	XR WRIST RT MI	84604222	210.00	210.00	
1/23	01	METOPROLOL TAR	88039771	5.00	5.00	
1/23	01	MORPHINE 4MG	88041207	54.00	54.00	
1/23	01	MORPHINE 30MG/	88041488	103.00	103.00	
1/23	01	FENTANYL 100MC	88069893	51.00	51.00	
1/23	02	HYDROMORPHONE	88069919	22.00	22.00	
1/23	01	BACITRACIN 500	88077961	87.00	87.00	
1/23	01	SODIUM CHLORID	88083993	53.00	53.00	
1/23	04	CEFAZOLIN 1GM/	88085642	248.00	248.00	
1/23	01	LACTATED RINGE	88087739	53.00	53.00	
1/23	03	SODIUM CHLORID	88089651	159.00	159.00	
1/23	01	ONDANSETRON OD	88098371	6.00	6.00	
1/23	04	PLATE/SCREW	95041000	152.00	152.00	
1/23	02	PLATE/SCREW	95041075	1,264.00	1,264.00	
1/23	01	BLADE SHVR	95086021	188.00	188.00	
1/23	06	SUT SKN GLUE	95087003	90.00	90.00	
1/23	01	STPLR/RELOAD	95123006	15.00	15.00	
1/23	01	OR C 1ST 15M	95309522	2,128.00	2,128.00	

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.
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ADDITIONAL PATIENT BILLING MAY BE NECESSARY
FOR ANY CHARGES NOT POSTED WHEN THIS BILL
WAS PREPARED, OR IF INSURANCE CARRIERS DO
NOT PAY ANY PART OF THE AMOUNTS SHOWN
UNDER ESTIMATED INSURANCE COVERAGE.

TYPE OF BILL	DATE OF BILL	CHRIST MEDICAL CENTER P. O. BOX 70508 CHICAGO IL 60673-0508 (708) 684-5079 FEI # 36-2169147	AdvocateHealthCare	PAGE NO. 02
FINAL	01/30/08			REF ID: 0339
CNPT				

T MED	PATIENT NAME	O	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
	VAIK, RENUKABEN			F	53Y	11/23/07	11/24/07	1	

GUARANTOR NAME AND ADDRESS		INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 8514 S MASSASOIT AVE BURBANK, IL 60459		LIA	LIABILITY CARRIER		
ATTENDING PHYSICIAN DALAWART, SATTIN					

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.					
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SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2/GPT	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS							
1/23	80	OR C EA AD M	95309548	3,040.00	3,040.00		
1/23	01	PHASE I 1HR	95310207	827.00	827.00		
1/23	01	PHASE I ADDL	95310215	346.00	346.00		
1/23	01	ANES G 1ST 15M	95340048	949.00	949.00		
1/23	80	ANES G ADD MIN	95340055	480.00	480.00		
1/24	01	EVAL	10202281	200.00	200.00		
1/24	01	ECHO 2D	84500198	580.00	580.00		
1/24	01	DOPP COLOR FL	84501428	260.00	260.00		
1/24	01	DOPPLER ECHO	84501444	255.00	255.00		
1/24	01	KETOROLAC 30MG	88033568	54.00	54.00		
1/24	01	PROCHLORPERAZI	88051032	57.00	57.00		
1/24	01	FENTANYL 100MC	88069893	51.00	51.00		
1/24	01	PROPOFOL 10MG/	88076583	63.00	63.00		
1/24	01	LIDOCAINE 2% I	88076574	7.00	7.00		
1/24	01	BACITRACIN 500	88077961	87.00	87.00		
1/24	01	SODIUM CHLORID	88083993	53.00	53.00		
1/24	01	SODIUM CHLORID	88089651	53.00	53.00		
1/24	02	NORCO 5-3	88110416	12.00	12.00		
1/24	04	ONDANSETRON 1M	88124557	56.00	56.00		
1/24	05	MIDAZOLAM1MG	88135280	18.00	18.00		
TOTAL CHARGES				17,740.00			
2/28	01	BAD DEBT TRANS	00281998	17,740.00			17,740.00
2/28	01	TRF A/R TO B/D	00282004	17,740.00			17,740.00

TOTALS		17,740.00	17,740.00		
PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.		PAY THIS AMOUNT	0.00
38336559					

TYPE OF BILL	DATE OF BILL
FINAL	01/30/08
NPT	

CHRIST MEDICAL CENTER
P. O. BOX 7050B
CHICAGO, IL 60673-0508
(708) 684-5079
FEI # 36-2169147

Advocate Health Care

PAGE NO.

03

HOSP ID

0339

T MED	PATIENT NAME	0	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
IAIK, RENUKABEN				F	53Y	11/23/07	11/24/07	1	

GUARANTOR NAME AND ADDRESS	INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 8514 S MASSASOIT AVE BURBANK, IL 60459	LIA	LIABILITY CARRIER		
ATTENDING PHYSICIAN		DALAWAT, SATIN		

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.		AMOUNT OF PAYMENT	\$
QTY	DESCRIPTION OF HOSPITAL SERVICES		

QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2/CPT	PATIENT AMOUNT
	SUMMARY OF CHARGES					
	R&B PRIVATE	101,200.00	1,200.00	1,200.00		
	SURGERY/OPERATING ROOM		5,168.00	5,168.00		
	EMERGENCY ROOM		1,935.00	1,935.00		
	RECOVERY ROOM		1,173.00	1,173.00		
	LABORATORY		471.00	471.00		
	EKG		210.00	210.00		
	SELF ADMINISTRABLE DRUGS		17.00	17.00		
	CARDIOLOGY		1,095.00	1,095.00		
	RADIOLOGY		1,475.00	1,475.00		
	ANESTHESIOLOGY		1,429.00	1,429.00		
	PHARMACY		1,335.00	1,335.00		
	IV THERAPY		78.00	78.00		
	CAST ROOM		245.00	245.00		
	MED-STERILE SUPPLY		293.00	293.00		
	IMPLANTS		1,416.00	1,416.00		
	PHYSICAL THERAPY		200.00	200.00		
	COINSURANCE					
	DEDUCTIBLE					
	PATIENT PAYMENTS					

THIS STATEMENT REFLECTS HOSPITAL CHARGES AND MAY INCLUDE SOME PHYSICIAN PROFESSIONAL FEES. YOU MAY ALSO RECEIVE BILLS FROM PHYSICIANS FOR OTHER PROFESSIONAL SERVICES RENDERED, SUCH AS RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND EMERGENCY ROOM PHYSICIANS.

COINSURANCE

DEDUCTIBLE

PATIENT PAYMENTS

TOTALS	17,740.00	17,740.00	
PATIENT NUMBER 38336553	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT 0.00

TYPE OF BILL	DATE OF BILL	CHRIST MEDICAL CENTER P. O. BOX 70508 CHICAGO IL 60673-0508 (708) 684-5079 FEI # 36-2169147	Advocate Health Care PAGE NO. 01
FINAL	01/30/08		HOSP. NO. 0339
OUTPT			

LT CBO	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
	NAIK, RENUKABEN		F	53Y	11/29/07			

GUARANTOR NAME AND ADDRESS		INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 8514 S MASSASOIT AVE BURBANK, IL 60459		LIA	LIABILITY CARRIER		
ATTENDING PHYSICIAN LUKE, KEVIN W.					

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.					AMOUNT OF PAYMENT	\$
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SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2/CPT	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS							
1/29	01	CAST, LONG ARM APPLICAT 48200372	700	360.00	360.00	CPT4 29065	
1/29	01	FOREARM 84601764	320	180.00	180.00	73090RT	
1/29	01	WRIST 84604214	320	195.00	195.00	73100RT	
TOTAL CHARGES				735.00			
2/28	01	BAD DEBT TRANS 00281998		735.00			735.00
2/28	01	TRF A/R TO B/D 00282004		735.00			735.00
TOTALS				735.00	735.00		
PATIENT NUMBER 38367137		PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.		ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.		PAY THIS AMOUNT	0.00

TYPE OF BILL	DATE OF BILL	CHRIST MEDICAL CENTER P. O. BOX 70508 CHICAGO IL 60679-0508 (708) 684-5079 FEI # 36-2169147	AdvocateHealthCare PAGE NO. 02
FINAL	01/30/08		WSP NO. 0339
OUTPT			

LT CRO	PATIENT NAME	O	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
NAIK; RENUKABEN				F	53Y	11/29/07			██████████

GUARANTOR NAME AND ADDRESS		INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 8514 S MASSASOIT AVE BURBANK, IL 60459		LIA	LIABILITY CARRIER		
			ATTENDING PHYSICIAN		
			LUKE, KEVIN W.		

▲ PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

SERVICE DATE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2/CPT	PATIENT AMOUNT
	SUMMARY OF CHARGES RADIOLOGY CAST ROOM		375.00 360.00	375.00 360.00		
	THIS STATEMENT REFLECTS HOSPITAL CHARGES AND MAY INCLUDE SOME PHYSICIAN PROFESSIONAL FEES. YOU MAY ALSO RECEIVE BILLS FROM PHYSICIANS FOR OTHER PROFESSIONAL SERVICES RENDERED, SUCH AS RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND EMERGENCY ROOM PHYSICIANS.					
	COINSURANCE DEDUCTIBLE PATIENT PAYMENTS					

TOTALS		735.00	735.00		
PATIENT NUMBER	138367137	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00

TYPE OF BILL	DATE OF BILL	CHRIST MEDICAL CENTER P. O. BOX 70508 CHICAGO, IL 60673-0508 (708) 684-5079 FEI # 36-2169147	Advocate Health Care PAGE NO. 01
FINAL	01/30/08		POST NO. 0339
OUTPT			

CRO	PATIENT NAME	0	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
IAIK, RENUKABEN				F	53Y	12/13/07			

QUARANTOR NAME AND ADDRESS RENUKABEN NAIK 8514 S MASSASOIT AVE BURBANK, IL 60459	INS. PLAN	INSURANCE COMPANY NAME LIA LIABILITY CARRIER	GROUP NUMBER	POLICY NUMBER 337026196
		ATTENDING PHYSICIAN LUKE, KEVIN W.		

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.					AMOUNT OF PAYMENT	\$	
SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2&PT	PATIENT AMOUNT

DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS							
1/13	01	CAST REMOVL OR BIVALVIN 48200042	700	135.00	135.00	CPT4 29705	
1/13	01	CAST, SHORT ARM APPLICA 48200141	700	320.00	320.00	29075	
1/13	01	FOREARM 84601764	320	180.00	180.00	73090RT	
		TOTAL CHARGES		635.00			
1/22	01	BAD DEBT TRANS 00281998		635.00			635.00
1/22	01	TRF A/R TO B/D 00282004		635.00			635.00

TOTALS	635.00	635.00		
PATIENT NUMBER 38492307	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00
00-6443 204				

TYPE OF BILL	DATE OF BILL
FINAL	01/30/08
OUTPT	

CHRIST MEDICAL CENTER
P. O. BOX 70508
CHICAGO IL 60673-0508
(708) 684-5079
FEI # 36-2169147

AdvocateHealthCare

PAGE NO.
02
...
0339

T CRO	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
	NAIK, RENUKABEN		F	63Y	12/15/07			

GUARANTOR NAME AND ADDRESS		INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 8514 S MASSASOIT AVE BURBANK, IL 60459		LIA	LIABILITY CARRIER		337026196
ATTENDING PHYSICIAN					LUKE, KEVIN W.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.				AMOUNT OF PAYMENT	\$
SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1

	SUMMARY OF CHARGES			EST. COVERAGE INS. CO. NO. 2OPT	PATIENT AMOUNT
	RADIOLOGY		180.00		
	CAST ROOM		455.00	455.00	
THIS STATEMENT REFLECTS HOSPITAL CHARGES AND MAY INCLUDE SOME PHYSICIAN PROFESSIONAL FEES. YOU MAY ALSO RECEIVE BILLS FROM PHYSICIANS FOR OTHER PROFESSIONAL SERVICES RENDERED, SUCH AS RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND EMERGENCY ROOM PHYSICIANS.					
COINSURANCE DEDUCTIBLE PATIENT PAYMENTS					

TOTALS		635.00	635.00		
PATIENT NUMBER 38492307 00-6443 204	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00	

TYPE OF BILL	DATE OF BILL	CHRIST MEDICAL CENTER P. O. BOX 70508 CHICAGO IL 60673-0508 (708) 684-5079 FEI # 36-2169147	Advocate Health Care PAGE NO. 01
FINAL	01/30/08		HOSP. NO. 0339
OUTPT			

PT	CIR	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
		NAIK, RENUKABEN		F	53Y	01/22/08			

GUARANTOR NAME AND ADDRESS	INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKAGEN NAIK 8514 S MASSASOTT AVE BURBANK, IL 60459	LIA	LIABILITY CARRIER		
		ATTENDING PHYSICIAN		
		LUKE - KEVIN W.		

A PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. A AMOUNT OF PAYMENT \$

SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2/CPT	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS							
1/22	01	CAST REMOVL OR BIVALVIN 48200042	700	170.00	170.00	CPT4 29705	
1/22	01	FOREARM 84601764	320	135.00	135.00	73090RT	
		TOTAL CHARGES		305.00			

OTAL S		305.00	305.00	.
PATIENT NUMBER 38805268	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN	PAY THIS AMOUNT	0.00

TYPE OF BILL	DATE OF BILL	CHRIST MEDICAL CENTER P. O. BOX 7050B CHICAGO, IL 60673-0508 (708) 684-5079 FEI # 36-2169147	Advocate Health Care PAGE NO. 02
FINAL	01/30/08		INSP NO. 0339
OUTPT			

T CRO	PATIENT NAME	0	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
	NAIK, RENUKABEN			F	53Y	01/22/08			

GUARANTOR NAME AND ADDRESS	INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 8514 S MASSASOIT AVE BURBANK, IL 60459	LIA	LIABILITY CARRIER		
		ATTENDING PHYSICIAN		
		LUKE, KEVIN W.		

A PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.		AMOUNT OF PAYMENT	\$
---	--	-------------------	----

SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2/CPT	PATIENT AMOUNT
		SUMMARY OF CHARGES RADIOLOGY CAST ROOM		135.00 170.00	135.00 170.00		
		THIS STATEMENT REFLECTS HOSPITAL CHARGES AND MAY INCLUDE SOME PHYSICIAN PROFESSIONAL FEES. YOU MAY ALSO RECEIVE BILLS FROM PHYSICIANS FOR OTHER PROFESSIONAL SERVICES RENDERED, SUCH AS RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND EMERGENCY ROOM PHYSICIANS.					
		COINSURANCE DEDUCTIBLE PATIENT PAYMENTS					

TOTALS		305.00	305.00		
PATIENT NUMBER 38805268	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.		PAY THIS AMOUNT	0.00
00-643 204					

TYPE OF BILL	DATE OF BILL	CHRIST MEDICAL CENTER P. O. BOX 70608 110 CAGO DR. 0775 1543 (708) 694-5070 FAX # 36-2169141	AdvocateHealthCare PAGE NO. 01
FINAL	02/27/08		HOSP. NO. 0339
OUTPT			

I P-T PATIENT NAME N	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
NAIK, RENUKABEN		F	53Y	02/08/08			

GUARANTOR NAME AND ADDRESS		INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 5137 W 79TH ST/APT 2W DURBANK, IL 60459		LIA	LIABILITY CARRIER		
			ATTENDING PHYSICIAN	LUKE, KEVIN W.	

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.					AMOUNT OF PAYMENT	\$
---	--	--	--	--	-------------------	----

SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2/CPT	PATIENT AMOUNT
2/08	01	DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS					
2/08	01	EVAL		290.00	290.00	9700300	
		11212768	434				
2/12	02	OT MAN THER		200.00	200.00	9714060	
		11210259	430				
2/12	02	OT EXERCISE		194.00	194.00	9711060	
		11211539	430				
2/15	02	OT EXERCISE		194.00	194.00	9711060	
		11211539	430				
2/15	01	MAN THER		85.00	85.00	971406P	
		11500451	420				
2/15	02	OT MAN THER		200.00	200.00	9714060	
		11210259	430				
2/19	02	OT EXERCISE		194.00	194.00	9711060	
		11211539	430				
2/21	01	OT MAN THER		100.00	100.00	9714060	
		11210259	430				
2/21	01	OT THER ACT		92.00	92.00	9753060	
		11210275	430				
2/21	02	OT EXERCISE		194.00	194.00	9711060	
		11211539	430				
2/26	01	OT MAN THER		100.00	100.00	9714060	
		11210259	430				
2/26	01	OT THER ACT		92.00	92.00	9753060	
		11210275	430				
2/26	02	OT EXERCISE		194.00	194.00	9711060	
		11211539	430				
		TOTAL CHARGES		2,129.00			
TOTALS				2,129.00	2,129.00		
PATIENT NUMBER 30260729	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.			PAY THIS AMOUNT		0.00
00-8443 204							

TYPE OF BILL	DATE OF BILL
FINAL	02/27/08
OUTPT	

CHREST MEDICAL CENTER
P. O. BOX 70598
CHICAGO, IL 60673-0598
(708) 684-5079
FEI # 36-2169147

 Advocate Health Care

PAGE NO.	02
ROSS NO.	0339

LI P-T PATIENT NAME	N	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
NAIK, RENUKABEN			F	53Y	02/08/08			

GUARANTOR NAME AND ADDRESS	INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 5137 W 79TH ST/APT 2W BURBANK, IL 60459	LIA	LIABILITY CARRIER		
		ATTENDING PHYSICIAN		LUKE, KEVIN W.

▲ PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. ▲ **AMOUNT OF PAYMENT \$**

SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2/CPT	PATIENT AMOUNT
		SUMMARY OF CHARGES OCCUPATIONAL/REHAB SRVCS PHYSICAL THERAPY		2,044.00 85.00	2,044.00 85.00		
THIS STATEMENT REFLECTS HOSPITAL CHARGES AND MAY INCLUDE SOME PHYSICIAN PROFESSIONAL FEES. YOU MAY ALSO RECEIVE BILLS FROM PHYSICIANS FOR OTHER PROFESSIONAL SERVICES RENDERED, SUCH AS RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND EMERGENCY ROOM PHYSICIANS.							
COINSURANCE DEDUCTIBLE PATIENT PAYMENTS							
TOTALS							
PATIENT NUMBER 38964795		PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.		ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.		PAY THIS AMOUNT	0.00

CHRIST MEDICAL CENTER
P. O. BOX 70608
CHICAGO IL 60673-0608
(708) 694-5079
FAX # 36-2159147

AdvocateHealthCare

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01

HOSP. NO.
0389

TYPE OF BILL	DATE OF BILL
FINAL	02/27/08
OUTPT	

L1 CBO	PATIENT NAME	N	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
	NAIK, RENUKABEN			F	53Y	02/19/08			

GUARANTOR NAME AND ADDRESS		INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 5137 W 79TH ST/APT 2W BURBANK, IL 60459		LIA	LIABILITY CARRIER		
			ATTENDING PHYSICIAN		
			LUKE, KEVIN W.		

A PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.		AMOUNT OF PAYMENT	\$
DETAL	L OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS		

SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2/CPT	PATIENT AMOUNT
1/2/19	01	WRIST 04604214	320	145.00	145.00	CPT 4 73100RT	
		TOTAL CHARGES		145.00			

TOTALS		145.00	145.00		
PATIENT NUMBER 039045625	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00	

TYPE OF BILL	DATE OF BILL
FINAL	02/27/08
OUTPT	

CHRIST MEDICAL CENTER
P. O. BOX 70508
CHICAGO, IL 60673-0508
(708) 684-5079
FEI # 36-1169147

AdvocateHealthCare

PAGE NO.	02
HOSP. NO.	0339

LI	CRO	PATIENT NAME	N	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	MEDICAL RECORD NUMBER
		NAIK, RENUKABEN			F	53Y	02/19/08			

GUARANTOR NAME AND ADDRESS		INS. PLAN	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
RENUKABEN NAIK 5137 W 79TH ST/APT 2W BURBANK, IL 60459		LIA	LIABILITY CARRIER		
ATTENDING PHYSICIAN LUKE, KEVIN W.					

▲ PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. ▲				AMOUNT OF PAYMENT	\$
SERVICE DATE	QTY	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1

SUMMARY OF CHARGES RADIOLOGY	145.00	145.00		
THIS STATEMENT REFLECTS HOSPITAL CHARGES AND MAY INCLUDE SOME PHYSICIAN PROFESSIONAL FEES. YOU MAY ALSO RECEIVE BILLS FROM PHYSICIANS FOR OTHER PROFESSIONAL SERVICES RENDERED, SUCH AS RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND EMERGENCY ROOM PHYSICIANS.				

TOTALS	145.00	145.00		
PATIENT NUMBER 539045625	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	\$ 0.00

02/06/2009 16:51 7089232529

PARKVIEW ORTHO

PAGE 02/03

MAKE CHECKS PAYABLE TO:

Parkview Orthopaedic Group, S.C.
7600 West College Drive

Palos Heights, IL 60463

STATEMENT DATE
02/08/09

PAY THIS AMOUNT
CONTINUED
ACCOUNT NBR
SHOW AMOUNT
PAID HERE \$

STATEMENT

ADDRESSEE:

Naik, Renukaben
8515 S Massasoit
Burbank, IL 60459
USA

REMIT TO:

Parkview Orthopaedic Group, S.C.
7600 West College Drive
Palos Heights, IL 60463

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
708-361-0600.

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE
11/23/07	ENCOUNTER 228327 FOR RENUKABEN WITH LUKE MD KEVIN W				
11/23/07	99253 - Initial Inpatient consult, mod	\$299.00	\$299.00	\$0.00	\$299.00
	ENCOUNTER TOTAL	\$299.00	\$299.00	\$0.00	\$299.00
11/23/07	ENCOUNTER 228328 FOR RENUKABEN WITH LUKE MD KEVIN W				
11/23/07	26875 - Opn trmnt rdi&ultr Px fix rad&ulna	\$3,610.00	\$3,610.00	\$0.00	\$3,610.00
	ENCOUNTER TOTAL	\$3,610.00	\$3,610.00	\$0.00	\$3,610.00
04/04/08	ENCOUNTER 266786 FOR RENUKABEN WITH LUKE MD KEVIN W				
04/04/08	99213 - Office/outpatient visit,est, mod	\$126.00	\$126.00	\$0.00	\$126.00
04/04/08	73090 - X-ray exam of forearm, 2views	\$181.00	\$181.00	\$0.00	\$181.00
	ENCOUNTER TOTAL	\$307.00	\$307.00	\$0.00	\$307.00
04/30/08	ENCOUNTER 273746 FOR RENUKABEN WITH LUKE MD KEVIN W				
04/30/08	99213 - Office/outpatient visit,est, mod	\$126.00	\$126.00	\$0.00	\$126.00
04/30/08	73090 - X-ray exam of forearm, 2views	\$181.00	\$181.00	\$0.00	\$181.00
	ENCOUNTER TOTAL	\$307.00	\$307.00	\$0.00	\$307.00
05/07/08	ENCOUNTER 275697 FOR RENUKABEN WITH LUKE MD KEVIN W				
05/07/08	99214 - Office/outpatient visit,est, mod	\$183.00	\$183.00	\$0.00	\$183.00
05/07/08	73030 - X-ray exam of shoulder, complete	\$180.00	\$180.00	\$0.00	\$180.00
	ENCOUNTER TOTAL	\$363.00	\$363.00	\$0.00	\$363.00
09/08/08	ENCOUNTER 313682 FOR RENUKABEN WITH LUKE MD KEVIN W				
09/08/08	99213 - Office/outpatient visit,est, mod	\$126.00	\$126.00	\$0.00	\$126.00
	ENCOUNTER TOTAL	\$126.00	\$126.00	\$0.00	\$126.00
12/03/08	ENCOUNTER 340834 FOR RENUKABEN WITH LUKE MD KEVIN W				
12/03/08	99213 - Office/outpatient visit,est, mod	\$126.00	\$126.00	\$0.00	\$126.00
12/03/08	73030 - X-ray exam of shoulder, complete	\$180.00	\$180.00	\$0.00	\$180.00
	ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS
	46703	\$5,459.00	\$0.00	\$0.00	\$0.00
			120 DAYS	TOTAL ACCOUNT BALANCE	
					\$5,459.00

MESSAGE:

PMI STATEMENTS CALL 708-361-0600 2:00-4:

PLEASE PAY
THIS AMOUNT  CONTINUED

** PAYMENT DUE UPON RECEIPT ** THANK YOU **
STATEMENT

PAGE: 1

02/06/2009 15:51 7089232529

PARKVIEW ORTHO

PAGE 03/03

MAKE CHECKS PAYABLE TO:

Parkview Orthopaedic Group, S.C.
7600 West College Drive

Palos Heights, IL 60463

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
02/06/09	\$0.00	
SHOW AMOUNT PAID HERE \$		

STATEMENT

ADDRESSEE:

Naik, Renuka
8515 S Massasoit
Burbank, IL 60469
USA

REMIT TO:

Parkview Orthopaedic Group, S.C.
7600 West College Drive
Palos Heights, IL 60463

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
708-361-0600.

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR. BALANCE	PATIENT BALANCE	BALANCE
12/03/08	73090 - X-ray exam of forearm, 2views	\$141.00	\$141.00		
	ENCOUNTER TOTAL	\$447.00	\$447.00	\$0.00	\$447.00

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
45703	\$5,459.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,459.00

MESSAGE:
PMI STATEMENTS CALL 708-361-0600 2:00-4:

PLEASE PAY
THIS AMOUNT \$0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **
STATEMENT

PAGE: 2

FROM :

FAX NO. :

Jun. 18 2008 11:30AM P2

STATEMENT

NAME OF GUARANTOR: RENUKABEN B NAIK PAGE 1

PAYMENTS RECEIVED AFTER BILL DATE
WILL APPEAR ON YOUR NEXT STATEMENT.
IF THERE ARE ANY QUESTIONS REGARDING THIS
ACCOUNT CALL:

BILL DATE 05/23/08 PATIENT ACCOUNT NUMBER 363875523

(847) 836-7015

05/23/08 RENUKABEN B NAIK PROVIDER FEDERAL ID NUMBER

PLEASE MAKE CHECKS PAYABLE TO:

RENUKABEN B NAIK
8818 B MASSABOIT AVE
BURBANK IL 60459

MIDWEST ANESTHESIOLOGISTS
LTD
189 PENNY AVE
EAST DUNDEE IL 60118-1454

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT. RETAIN THIS SECTION FOR YOUR RECORDS.

MIDWEST ANESTHESIOLOGISTS

(847) 836-7015

DATE	PATIENT	DESCRIPTION	SERVICES PROVIDED BY	AMOUNT
11/23/07	RENUKABEN	MANAGEMENT OF ANESTHESIA 1 su c1 2	AHMED ZAKI MD	1150.00

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

CURRENT
BALANCE

1150.00

YOUR CANCELLED CHECK IS YOUR RECEIPT